

PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

02/26/2004 MTEKLEMI 00000017 193935 10717922
01 FC:1001 770.00 DA
02 FC:1202 36.00 DA

PTO-1556
(5/87)

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10717922

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| | | |
|----------------------------------|--------------------------|--------------|
| TOTAL CLAIMS | 22 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 22 minus 20= | * 2 |
| INDEPENDENT CLAIMS | 3 minus 3 = | * |
| MULTIPLE DEPENDENT CLAIM PRESENT | <input type="checkbox"/> | |

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE

OR OTHER THAN
SMALL ENTITY

| | | | |
|-----------|--------|--------------|--------|
| RATE | Fee | RATE | Fee |
| BASIC FEE | 385.00 | OR BASIC FEE | 770.00 |
| X\$ 9= | | OR X\$18= | 36 |
| X43= | | X86= | |
| +145= | | +290= | 806 |
| TOTAL | | OR TOTAL | |

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|--------------------------|---|-------|---|------------------|
| | Total | * | Minus | ** | = |
| Independent | * | Minus | *** | | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/> | | | | |

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

| | | | |
|---------------------|------------------------|---------------------|------------------------|
| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
| XS 9= | | XS18= | |
| X43= | | X86= | |
| +145= | | +290= | |
| TOTAL ADDIT. FEE | | TOTAL ADDIT. FEE | |

(Column 1) (Column 2) (Column 3)

| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|--------------------------|---|-------|---|------------------|
| | Total | * | Minus | ** | = |
| Independent | * | Minus | *** | | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/> | | | | |

| | | | |
|---------------------|------------------------|---------------------|------------------------|
| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
| XS 9= | | XS18= | |
| X43= | | X86= | |
| -145= | | +290= | |
| TOTAL ADDIT. FEE | | TOTAL ADDIT. FEE | |

(Column 1) (Column 2) (Column 3)

| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|--------------------------|---|-------|---|------------------|
| | Total | * | Minus | ** | = |
| Independent | * | Minus | *** | | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/> | | | | |

| | | | |
|---------------------|------------------------|---------------------|------------------------|
| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
| XS 9= | | XS18= | |
| X43= | | X86= | |
| +145= | | +290= | |
| TOTAL ADDIT. FEE | | TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1